

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: WAKE
Water System ID #: 03-92-010
Name of System: CITY OF RALEIGH
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 09/10/14 TIME: 10:00 AM
Location where collected: Archdale Bldg, 13th Flr, Women's Drinking Fountain
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Allen Hardy

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity:
(1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time _____

Mail Results To: **RALEIGH REGIONAL OFFICE PWSS**
1628 MAIL SERVICE CENTER
RALEIGH, NC
Telephone No. 9195714700
EIN #: 562033116R COURIER #: 52-01-00

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated
 Non-Chlorinated
Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	<u>9215B</u>	<u>4 ECFU</u>	/ml	
		(number)		

- 1) Confluent Growth/No Coliform Found
- 2) TNTC/No Coliform Found
- 3) Turbid Culture/No Coliform Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis

Repeat Samples Required Replacement Samples Required

Date Analysis Begun: 09/10/14 Time Analysis Begun: 12:40 PM
Date Analysis Completed: 09/12/14 Time Analysis Completed: 13:25 PM
Laboratory Log #: _____ Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: C, Water Source: S. Request
HPC

